P&CA   PLANNING AND CODE ADMINISTRATION   *Gaithersburg*

City of Gaithersburg • 31 South Summit Avenue • Gaithersburg, Maryland 20877 • Telephone: (301) 258-6330 • Fax: (301) 258-6336

MECHANICAL PERMIT APPLICATION

In accordance with Chapter 5 of the City Code

Maryland State Law requires that commercial building contractors provide a copy of their current state license with this application.

Application No. _____

Date _____

Approvals:

Code _____ Date _____

Zoning _____ Date _____

Fee:

Total Fee Due _____

All information requested in this application must be answered completely.

1. SUBJECT PROPERTY

Street Address _____ Suite No. _____

Project Name _____ Floor Location _____

2. APPLICANT

Name _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Home _____

3. CONTRACTOR/ENGINEER

Contractor's Name _____ Maryland License No. _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone _____

Mechanical Engineer's Name _____ Maryland License No. _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone _____

4. PROPERTY OWNER

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Home _____

5. BUSINESS OWNER/OCCUPANT   PROJECT

Business Name (T/A) _____ Manager _____

Business Owner's Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Home _____

6. **PERMIT TYPE** *(check one in each column)*
   - ❑ RESIDENTIAL
   - ❑ COMMERCIAL
   - ❑ NEW
   - ❑ REPLACEMENT

7. WORK DESCRIPTION

_____
_____
_____
_____
_____
_____

8. OCCUPANCY STATUS

Is this space currently occupied?   ❑ Yes   ❑ No

Will this space be occupied during construction?   ❑ Yes   ❑ No

9. PROJECT DETAIL INFORMATION

Total floor area: Building and/or space _____ sq. ft.

                      Total work area _____ sq. ft.

Use group (BOCA, Chapter 3) _____

Construction type (BOCA, Chapter 6) _____

Automatic sprinkler system   ❑ Yes   ❑ No

COST OF IMPROVEMENT $ _____ *(do not leave blank)*

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent or either, or the licensed Engineer, Architect , or Contractor employed in connection with this proposed work, and that the proposed work is authorized by the Owner in fee, and I am authorized to make such application.

Applicant's Name *(please print)* _____

Applicant's Signature _____   Date _____

Daytime Telephone _____

SPECIAL CONDITIONS

_____
_____
_____
_____
_____
_____